## STATE OF NEW HAMPSHIRE

## 2017 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

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NEW HAMPSHIRE DEPARTMENT OF STATE

## PLEASE PRINT

Judy A. Silva, Cordell A. Johnston, Barbara T. Reid, Timothy W. Fortier

I. Name of Lobbyist(s)	y A. Silva, Cordell A. Johns	ston, Darbara 1. Kei	a, Timotny v	w. Forner
II. Name of lobbyist's partne	rship, firm or corporation, if	any:		
	npshire Municipal Associat	ion		
(Name of part	nership, firm or corporation)			
25 Triangle Park Drive	Concord	NI	-1	03301
Business Address: (Street)	(Town/City)	(Sta	te)	(Zip Code)
603 224.7447	( )	e-mail	governmen	taffairs@nhmunicir
(Telephone)	(Fa:	x)	-6	
eportable expense transactio	Choose one — file separate repo ons which are not attributable occurring in the months prior to	to any one client).		
	ame of Client as it appears on the L	obbyist Registration For	n)	
DR All reportable transactions of the interest	by the lobbyist (including the lo	bbyist's family), or the	lobbying firm	listed below which are
	26, 2017 $\Box$ late of registration to 3/31/17	July 26, 201 activity from 4/1/17		
	er 25, 2017	January 31, activity from 10/1/1		
	received and no reportable just this form and submit it to			
I. Check if additional repor				
•	r made expenditures, you must			
If you have paid an honora xpense Reimbursement	rium or reimbursed expenses, y	ou must file <b>Addendu</b>	m B Report o	of Honorariums or
•	amily has made political contri	butions, you must file	Addendum C-	- Political Contribution
sworn Statement/Affirmation have read RSA 15, RSA 15-End complete to the best of my (Signature of low) yist)	8, RSA 14-C and RSA 664 and	hereby swear or affirm  July 25		oing information is true
Judy A. Silva, Executiv	e Director			

#### P E A S E P R I N T

## STATE OF NEW HAMPSHIRE

## Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

I. Name of Lobbyist(s) Judy A. Silva, Cordell A. Johnston, Barb	ara T. Reid,	Timothy W. Fortier
II. Name of lobbyist's partnership, firm or corporation, if any:		
New Hampshire Municipal Association		
(Name of partnership, firm or corporation)		
III. Name of Client New Hampshire Municipal Association	Date	July 25, 2017
IV. Fees Received Indicate the gross amount of all fees received from the client identified above to lobbying, including fees for services such as public advocacy, governmen including research, monitoring legislation, and related legal work. The greduced by any expenses:	t relations, or	public relations service
a) Total of all fees received in this reporting period	a) \$25,0	52.08
b) Total of all fees received this calendar year, prior to this reporting period (This should equal the total of all prior monthly reports for this calendar y	b) \$ 44,4 (rear)	63.81
c) Total of all fees received to date (Add lines a and b)	c) \$69,	516.19
<ul> <li>Indicate the amount of any such fees that are due, but have not yet been paid</li> </ul>	d) \$	0.00
V. Expenses: Lobbyist(s)/Lobbying partnerships, firms, or corporations are required to refees. Separate reports are to be filed for expenditures made relative to each the lobbyist(s)/firm that are unrelated to any one client a separate report Expenses are to be reported in one of three categories of expenses: (a) th during the reporting period for salaries, benefits, support staff, and office e individual expenses where the expenditure was of \$25.00 or less (for examplunch where the cost was \$25.00 or less, purchase of a pen with a value of lebeing lobbied, purchase of a ceremonial object given to a person being lobbic (c) an itemized statement of each individual expenditure made during this repany purpose not covered by (a) (for example: purchase of a meal with value ceremonial object to be given to the subject of lobbying with a value great restaurant expenses for a legislative reception). Expenses for honorariums contributions will be reported on separate addendums and should not be reported.	client and if exmay be filed e aggregate to xpenses; (b) the clear than \$10 the clear than \$10 the corting period of the clear than \$25, bs, expense reint substitution of the clear than \$25, bs, expense reint substitution in the client s	expenditures are made to for the lobbyist(s)/firrital of all expenses paths aggregate total of all chased during a busines at is given to the person e of \$25.00 or less); are figreater than \$25.00 for than \$25, purchase of out not greater than \$5 inbursement, or politic
a) Total aggregate expenses for this reporting period for salaries, benefits, support staff, and office expenses, related directly or indirectly to lobbying.	a) \$ _25,05	52.08
b) Total aggregate of expenditures during this reporting period, not reported in a), of \$25 or less.	b) \$ <u>0.0</u>	0
c) Total of all itemized expenditures reported in detail in section VI.	c) \$0.0	00

d) Total expenses for this reporting period (Add lines a, b and c)	d) \$25,052.08
e) Total of expenses paid this calendar year, prior to this reporting period (This should be the amount on line f of addendum A for last month's report)	e) \$44,463.81
f) Total of all expenses year to date	f) \$69,516.19
VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from loperiod, including by whom paid or to whom charged.	obbying fees during this reporting
Paid to:	Amount:
	\$
	\$
	\$
	\$
	\$
	\$
Sworn Statement/Affirmation by Lobbyist	
I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm is true and complete to the best of my knowledge and belief.	n that the foregoing information
Judollolle	July 25, 2017
(Signature of lobbyist)	(Date)
Judy A. (Silva	
(Print Name of lobbyist)	

## State of New Hampshire Signature Form for Associated Lobbyist RSA Chapter 15

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

Sworn Statement/Affirmation by Lobbyist Statement of Income and Expenses for:	Barbara T. Reid
Name of Lobbying partnership, firm, or corporation:	
Name of Client (leave blank if Statement is for the particular client): New Hampshire Municipal Association (New Hampshire Municipal Association)	
Date of Report (check one):	
April 26, 2017 □ July 26, 2017 ☒ Octob	er 25, 2017   January 31, 2018
I have read RSA 15, RSA 15-B, RSA 664, the Statem the following Addendums submitted with that Statem submitted):  X Addendum A(s). Addendum B(s). Addendum C(s).	
I hereby swear or affirm that the foregoing information complete to the best of my knowledge and belief.  Barbara Reid Herbert	
(Signature of lobbyist)	July 25, 2017 (Date)
(Signature of topoyist)	(Date)
Barbara T. Reid	
(Print Name of lobbyist)	

# State of New Hampshire Signature Form for Associated Lobbyist RSA Chapter 15

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

Statement of Income and Expenses for:	st Cordell A. Johnsto	on
Name of Lobbying partnership, firm, or corpora	ation:	
Name of Client (leave blank if Statement is for particular client): New Hampshire Municipal	the partnership, firm, or cor Association	poration and not related to any
Date of Report (check one):		
April 26, 2017 □ July 26, 2017 🛣	October 25, 2017 🗆	January 31, 2018 □
I have read RSA 15, RSA 15-B, RSA 664, the the following Addendums submitted with that submitted):		-
X Addendum A(s).		
Addendum B(s).		
Addendum C(s).		
I hereby swear or affirm that the foregoing info complete to the best of my knowledge and belie		nd each Addendum is true and
0.100 310	Jı	uly 25, 2017
(Signature of lobbyist)		(Date)
Cordell A. Johnston		
(Print Name of lobbyist)		

# State of New Hampshire Signature Form for Associated Lobbyist RSA Chapter 15

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

	e and Expenses for:	′ /T' 1 1077 T	ier	
Name of Lobbying par	tnership, firm, or corpo	oration:		
Name of Client (leave particular client): Ne	blank if Statement is fow Hampshire Municip	or the partnership, firm, or val Association	corporation and not related	to any
Date of Report (check	one):			
April 26, 2017 □	July 26, 2017 🛣	October 25, 2017 □	January 31, 2018 □	
			nd Expenses described abov umber of Addendum forms	
X Addendum A(	s).			
Addendum B(	s).			
Addendum C(	s).			
	m that the foregoing ir my knowledge and be		nt and each Addendum is tru	ie and
Tilley NY	to		July 25, 2017	
(Signature of lobbyist)			(Date)	
Timothy W. Fortio	er			
(Print Name of lobbyis	st)			